



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

COMMITTEE TO ELECT JIM PORTER

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 752-8574

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

15316 EVANSTON CLOSE

5. City, State, ZIP Code

NOBLESVILLE INDIANA 46062

6. Party Affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

JIM PORTER

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

NOBLESVILLE COMMON COUNCIL - AT LARGE

10. County of Residence

HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 16, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: FEBRUARY 22, 2007 Through: APRIL 13, 2007

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

1500.00

1500.00

15b. Unitemized

5315.88

5315.88

15c. Add lines 15a and 15b in both columns

SUBTOTAL

6815.88

6815.88

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

6815.88

6815.88

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

2860.16

2860.16

17b. Unitemized

—

—

17c. Add lines 17a and 17b in both columns

SUBTOTAL

2860.16

2860.16

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

3955.72

3955.72

19. Debts OWED BY the committee (use Schedule D)

1,000.00

20. Debts OWED TO the committee (use Schedule E)

—

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY

2007 APR 20 AM 7:59

FILED


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**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Glenn Troyer 10205 Summerlin Way Fishers, Indiana 46038 Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$500 ⁰⁰	\$500 ⁰⁰	3-13-07 JIM PORTER
2. JAMES PORTER 15316 EVANSTON CLOSE NOBLESVILLE, IN 46062 Contributor's Occupation (if required) <u>HOSPITAL MGMT.</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>LOAN</u>	\$1,000 ⁰⁰	1,000 ⁰⁰	2-23-07 3-15-07 JIM PORTER
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1500.00		


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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>A</u> Bush Signs P.O. Box 9328 Montgomery, AL 36108	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$1,412 ⁰⁰	\$1,412 ⁰⁰	4/9/07
Code <u>A</u> Pure Postcards 1227 S. Lincoln Ave. Clearwater, FL 33756	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$1,285 ⁰⁰	1,285 ⁰⁰	4/9/07
Code <u>A</u> Office Depot 16650 Mercantile Blvd. Noblesville, IN 46060	Office Supplies Store	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	163.16	163.16	March 2007
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2860.16		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$2860.16		


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**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
JAMES PORTER 15316 EVANSTON CLOSE NOBLESVILLE, IN 46062 LENDER'S OCCUPATION: HOSPITAL MGMT		\$1,000 LOAN	2-23-07 3-15-07	Ø	\$1,000 ⁰⁰
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$1,000 ⁰⁰
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$1,000 ⁰⁰